## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

		OR LINE NUMBER:					PAGE 159 OF			188	
(c	che	ck only	only one)								
	X	11a		11b		11c		12			
		13		14		15		16		17	

	the name and address of any political committee t					
BORDER HEALTH FEDERA	L PAC					
Full Name (Last, First, Middle Initial)  A. Ramiro Verdoreen	Date of Receipt					
Mailing Address 301 E. Newport	06 20 2012					
City	State Zip Code	Transaction ID : SA11AI.18288				
mcallen	TX 78501	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00					
Full Name (Last, First, Middle Initial)  3. Carlos Villalta	Date of Receipt					
Mailing Address P. O. Box 1632	04 26 2012					
City	State Zip Code	Transaction ID : SA11AI.17701				
mission	TX 78573	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	125.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) Carlos Villalta						
Mailing Address P. O. Box 1632	Mailing Address P. O. Box 1632					
City	Transaction ID : SA11AI.17915					
mission	TX 78573	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	125.00				
Name of Employer	contribution					
selfemployed						
Receipt For:	physician  Aggregate Year-to-Date ▼	1				
Primary General Other (specify) ▼	625.00					
SUBTOTAL of Receipts This Page (optional	)	650.00				
TOTAL This Period (last page this line num	<u> </u>					